

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	6-25-01
<b>FORMALITY REVIEW</b>	SLC	809	8-13-01
<b>RESPONSE FORMALITY REVIEW</b>	HT	712	11-08-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	
3	✓
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17	✓
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22	N
23	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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8/13/01  
52-3  
11/07/01